

MOTION FOR CONTINUANCE

JD-CV-21 Rev. 5-15
C.G.S. § 52-196
P.B. §§ 14-23, 14-24

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

COURT USE ONLY

MFCSE**Instructions To Person Making Motion**

Fill out all sections of this form except the Order section and file it with the Clerk of the Court at least three (3) days before the date of the scheduled event.

Docket number

UWY-CV-18-6046436-S

Name of case (Full name of Plaintiff v. Full name of Defendant)

LAFFERTY, ERICA Et Al v. JONES, ALEX EMRIC Et Al

☒ Judicial District ☐ Housing Session ☐ Geographical Area Number _____ Address of Court (Number, street, town and zip code)
300 GRAND STREET WATERBURY, CT 06702

Date of Motion **Aug-8-2022** Sequence Number on Short Calendar (If applicable) _____ Name of Judge Who Scheduled the Event this Continuance is Requested for (If applicable) _____

Date of Scheduled Event **Aug-10-2022** Person Making Motion is:
☐ Plaintiff's Attorney ☐ Plaintiff ☐ Defendant's Attorney ☐ Defendant ☒ Other **Other**

Firm Name, if Applicable _____ Address **12 BOOTHBAY STREET MILFORD, CT 06460** Phone Number (with area code) **7183062107**

Event For Which Continuance Is Requested: ("X" applicable box(es) and explain below)

☐ Arbitration ☐ Early Intervention Conference ☐ Pretrial
☐ Administrative Appeal Hearing ☐ Fact-Finding ☐ Status Conference
☐ Attorney Trial Referee Proceeding ☐ Foreclosure Mediation ☐ Trial Management Conference
☐ Court Trial ☐ Jury Trial ☒ Other **Show Cause Hearing**
☐ Judicial-Alternative Dispute Resolution (J-ADR) ☐ Hearing In Damages

Reason(s) For Continuance Request: ("X" reason(s) and provide an explanation)

☐ Counsel not ready _____ ☐ Discovery not complete _____
☐ Lay witness not available (Name of witness) _____
☐ Counsel not available _____ ☒ Other **Counsel has contracted COVID19**
☐ Party not available (Name of party) _____
☐ Expert witness not available (Name of witness) _____

Continue explanation, if necessary:

The undersigned has contracted COVID19 and is unable to appear on 8/8/22 due to illness associated with COVID19 and taking care of family members who have also contracted COVID19

For the above reason(s), I request this case be continued to (date): **Aug-17-2022** or ☐ at the court's discretion.

I have contacted all counsel and self-represented parties of record about my intention to seek a continuance. All of the counsel and self-represented parties:

☐ Consent ☐ Do Not Consent ☒ Have not responded to the above motion for continuance and requested continuance date.

Note: An agreement to continue a matter does not mean that the motion will automatically be granted by the court.

I agree to be responsible for notifying my client, if applicable, and all counsel of record and self-represented parties whether the continuance is granted or denied, and if granted, the new date of the scheduled event.

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) **Aug-8-2022** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

KOSKOFF KOSKOFF & BIEDER PC - 350 FAIRFIELD AVENUE/BRIDGEPORT, CT 06604

Signed (Signature of filer) **► 421460** Print or type name of person signing **WESLEY ROBERT MEAD** Date signed **Aug-8-2022**

Mailing address (Number, street, town, state and zip code) **12 BOOTHBAY STREET MILFORD, CT 06460** Telephone number **7183062107**

Order Motion For Continuance is: ☐ Granted ☐ Denied Matter Continued To: _____ Signed (Judge) _____ Date _____

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Continuation of JDCV21 Motion For Continuance Form for UWY-CV-18-6046436-S

Submitted By WESLEY ROBERT MEAD (421460)

Certification of Service (Continued from JDCV21)

Name and Address at which service was made:

JOHN WILLIAMS - ASSOCIATES, LLC/51 ELM ST STE 409/NEW HAVEN, CT 06510

ZEISLER & ZEISLER P.C. - 10 MIDDLE STREET/15TH FLOOR/BRIDGEPORT, CT 06604

NORMAN PATTIS - 383 ORANGE ST, 1ST FLOOR/NEW HAVEN, CT 06511

OFFICE OF CHIEF DISCIPLINARY COUNSEL - 100 WASHINGTON STREET/HARTFORD, CT 06106

PATTIS & SMITH LLC - 383 ORANGE STREET/1ST FLOOR/NEW HAVEN, CT 06511

ANDINO REYNAL, ESQ (No Appearance) - 12 Boothbay Street

******* End of Certification of Service *******